

SERFF Tracking Number:	PERR-125602350	State:	Arkansas
Filing Company:	DaimlerChrysler Insurance Company	State Tracking Number:	## \$100
Company Tracking Number:	DCIC-WC-AR-08-02-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	DCIC-WC-AR-08-02-R		
Project Name/Number:	DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R		

Filing at a Glance

Company: DaimlerChrysler Insurance Company

Product Name: DCIC-WC-AR-08-02-R

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: PERR-125602350 State: Arkansas

SERFF Status: Closed State Tr Num: ## \$100

Co Tr Num: DCIC-WC-AR-08-02-R State Status: Fees verified

Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Michelle Freitag, Diane

Karis, Ines Piquet, Patricia

Heckman

Date Submitted: 04/16/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2008

Effective Date (New): 05/01/2008

Effective Date Requested (Renewal): 05/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: DCIC-WC-AR-08-02-R

Status of Filing in Domicile: Not Filed

Project Number: DCIC-WC-AR-08-02-R

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Inc. (NCCI) Reference Number: Item AR-2007-10

Reference Title: Arkansas--Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values Advisory Org. Circular: AR-2007-13

Filing Status Changed: 04/17/2008

State Status Changed: 04/16/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of DaimlerChrysler Insurance Company ("the Company") we are submitting a rate filing for workers compensation in your state. The rates for the Company are based on the latest approved National Council on Compensation Insurance, Inc. (NCCI) loss costs contained in the Arkansas Item # AR-2007-10. As a member of NCCI, the Company has elected to utilize the rules, supplementary rating information, and rating values in the basic manual of the NCCI.

<i>SERFF Tracking Number:</i>	<i>PERR-125602350</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>DaimlerChrysler Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$100</i>
<i>Company Tracking Number:</i>	<i>DCIC-WC-AR-08-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>DCIC-WC-AR-08-02-R</i>		
<i>Project Name/Number:</i>	<i>DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R</i>		

The Company proposes to implement this filing for all policies effective on or after May 1, 2008.

The rate level impact of this filing is +1.8%. The premium level impact, however, is 0.0% as the Company does not have any policies in force in the state. The Company continues to write this line only for the DaimlerChrysler Marketing Investment Division. None of the company owned dealers are located in Arkansas. This filing is being submitted at the directive of Company Management.

Included is the Company's proposed schedule rating plan.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)
 Patricia Heckman, Bureau Monitoring Manager doi@perrknight.com
 2030 Main Street Suite 235 (949) 474-0362 [Phone]
 Irvine, CA 92614

Filing Company Information

DaimlerChrysler Insurance Company	CoCode: 10499	State of Domicile: Michigan
27777 Inkster Road	Group Code:	Company Type:
CIMS 405-17-06		
Farmington Hills, MI 48334-5326	Group Name: DaimlerChrysler Group	State ID Number:
(248) 427-4155 ext. [Phone]	FEIN Number: 38-1775863	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$100 for RSO Rates/Rules Adoption
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>PERR-125602350</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>DaimlerChrysler Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$100</i>
<i>Company Tracking Number:</i>	<i>DCIC-WC-AR-08-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>DCIC-WC-AR-08-02-R</i>		
<i>Project Name/Number:</i>	<i>DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
DaimlerChrysler Insurance Company	\$0.00	04/16/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102544	\$100.00	04/14/2008
	\$0.00	

SERFF Tracking Number:	PERR-125602350	State:	Arkansas
Filing Company:	DaimlerChrysler Insurance Company	State Tracking Number:	#? \$100
Company Tracking Number:	DCIC-WC-AR-08-02-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	DCIC-WC-AR-08-02-R		
Project Name/Number:	DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/17/2008	04/17/2008

SERFF Tracking Number:	PERR-125602350	State:	Arkansas
Filing Company:	DaimlerChrysler Insurance Company	State Tracking Number:	#? \$100
Company Tracking Number:	DCIC-WC-AR-08-02-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	DCIC-WC-AR-08-02-R		
Project Name/Number:	DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R		

Disposition

Disposition Date: 04/17/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
DaimlerChrysler Insurance Company	1.800%	\$0	0	\$0	0.000%	0.000%	1.800%

SERFF Tracking Number: PERR-125602350 State: Arkansas

Filing Company: DaimlerChrysler Insurance Company State Tracking Number: #? \$100

Company Tracking Number: DCIC-WC-AR-08-02-R

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: DCIC-WC-AR-08-02-R

Project Name/Number: DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	CW ROE	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Supporting Document	Letter of Authority	Approved	Yes
Rate	Schedule Rating Plan	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>PERR-125602350</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>DaimlerChrysler Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$100</i>
<i>Company Tracking Number:</i>	<i>DCIC-WC-AR-08-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>DCIC-WC-AR-08-02-R</i>		
<i>Project Name/Number:</i>	<i>DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R</i>		

Rate Information

Rate data applies to filing.

Filing Method:	prior approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	07/22/2007
Filing Method of Last Filing:	prior approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
DaimlerChrysler Insurance Company	1.800%	1.800%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number:	PERR-125602350	State:	Arkansas
Filing Company:	DaimlerChrysler Insurance Company	State Tracking Number:	#? \$100
Company Tracking Number:	DCIC-WC-AR-08-02-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	DCIC-WC-AR-08-02-R		
Project Name/Number:	DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Schedule Rating Plan		Replacement	AR-PC-07-025216 AR Schedule Rating.pdf

DaimlerChrysler Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

Effective May 1, 2008

SCHEDULE RATING

1. The premium for a risk may be modified in accordance with the Schedule Rating Worksheet to reflect such characteristics of the risk that are not reflected in its experience, subject to a maximum credit or debit of +/-25%.
2. Use of this Schedule Rating Plan is discretionary, meaning that it is at the insurer's option and is not mandatory, and the Plan shall be applied uniformly.
3. The amount of any schedule debit or credit shall be applied in a multiplicative manner, after the application of the experience modification, or any other adjustment factors (e.g. contractor credits, ARAP, deductible credits), if any, but before the application of premium discounts and expense constants.
4. There shall be an annual report to the National Council on Compensation Insurance illustrating the total dollar amount of schedule debits and total dollar amount of schedule credits.
5. All schedule debits and all schedule credits shall be based on evidence that is contained in the file of the carrier at the time the schedule debit or credit is applied.
6. The effective date of any schedule debit or credit shall not be any date prior to the receipt in the insurer's office of the evidence supporting the debit or credit.
7. The insurer shall inform the insured in writing, in sufficiently clear and specific terms, of the basis for any schedule debit or credit applied. The insurer shall mail this written notice within ninety (90) days of the policy's inception date or renewal date. If the policy is subject to any changes in its schedule debits or credits upon renewal, the insurer shall notify the insured in terms sufficiently clear and specific of the reasons for the changes.
8. The insurer shall retain a copy of any written schedule rating notices mailed to an insured, and a copy of any worksheets used to calculate any schedule rating adjustment. These documents shall remain in the insurer's files related to that insured for not less than the period of the policy plus two additional years.
9. An insurer may modify any individual premium adjustments made due to this Schedule Rating Plan within sixty (60) days of a physical inspection of an insured's premises. The insurer shall not increase any schedule debit or decrease any schedule credit by more than 5% unless it can prove that the insured misrepresented or omitted information that would have been pertinent in determining the appropriate schedule adjustment. The insurer shall allow an insured sixty (60) days from the revised billing statement date to pay any additional premium that may result from the addition of a debit or removal of a credit.
10. To the degree that the insured can correct the reason for any schedule debit to the satisfaction of the insurer, the debit may be removed effective the date documentation for the correction is received in the insurer's office. The insurer shall prorate the reduction of the schedule debit from the date the insurer receives the documentation for the correction.

DaimlerChrysler Insurance Company

ARKANSAS

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

SCHEDULE RATING WORKSHEET

(Risk Name)

(Policy Number)

(Risk Address)

(Policy Effective Date)

(Evaluator)

(Date this Worksheet is Completed)

Category	Available Range of Modification (Credit to Debit)	Credit Applied	Debit Applied	Reason / Basis
Premises <ul style="list-style-type: none">- General Housekeeping- Suitable for Occupancy- Life safety concerns- Workplace Design	10% to 10%			
Medical Facilities <ul style="list-style-type: none">- First aid- Medical Assistance on site- Medical facilities appropriate for exposure	5% to 5%			
Safety Devices <ul style="list-style-type: none">- Type and condition- Guarding- Personal protective equipment- Inspection and maintenance- Required training with documentation	5% to 5%			
Employees – Selection, Training, Supervision <ul style="list-style-type: none">- Pre-employment medical screening appropriate for exposure- New hire training and orientation- Job-specific training- Human resources policies – formal versus non-formal- Drug free workplace	10% to 10%			

DaimlerChrysler Insurance Company

ARKANSAS

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

SCHEDULE RATING WORKSHEET

Management – Cooperation with Insurance Carrier - Speed with which claims are reported after occurrence - Claims reported by phone or fax - Timely compliance with company recommendations	5% to 5%			
Management – Safety Organization - Commitment to workplace safety - Involvement in loss control programs - Emergency and disaster plans - Ergonomics	10% to 10%			
Total				Maximum = 25%

SERFF Tracking Number: PERR-125602350 State: Arkansas
Filing Company: DaimlerChrysler Insurance Company State Tracking Number: #? \$100
Company Tracking Number: DCIC-WC-AR-08-02-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: DCIC-WC-AR-08-02-R
Project Name/Number: DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/17/2008

Comments:

Attachments:

PCTD.pdf

Rate Rule Filing Schedule.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 04/17/2008

Comments:

Attachment:

NAIC Loss Cost Filing Document.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 04/17/2008

Comments:

Attachment:

Loss Cost Data Entry.pdf

Satisfied -Name: CW ROE **Review Status:** Approved 04/17/2008

Comments:

Attachment:

CW ROE_CW (AR).pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 04/17/2008

Comments:

Attachment:

AR Filing Memo.pdf

SERFF Tracking Number:	PERR-125602350	State:	Arkansas
Filing Company:	DaimlerChrysler Insurance Company	State Tracking Number:	#? \$100
Company Tracking Number:	DCIC-WC-AR-08-02-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	DCIC-WC-AR-08-02-R		
Project Name/Number:	DCIC-WC-AR-08-02-R /DCIC-WC-AR-08-02-R		

Satisfied -Name:	Letter of Authority	Review Status:	
Comments:		Approved	04/17/2008
Attachment:			
DCIC Letter of Authorizaton.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #
DaimlerChrysler Group	240

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
DaimlerChrysler Insurance Company	MI	10499	38-1775863	

5. Company Tracking Number	DCIC-WC-AR-08-02-R
-----------------------------------	--------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Patricia Heckman Peer & Knight 2030 Main Street, #235 Irvine, CA 92614	Bureau Monitoring Manager	(949) 474-0362	(949) 474-0381	doi@perrknight.com

7. Signature of authorized filer	<i>Patricia Heckman</i>
8. Please print name of authorized filer	Patricia Heckman

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 5/1/2008 Renewal: 5/1/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance (NCCI)
17. Reference Organization # & Title	Item # AR-2007-10
18. Company's Date of Filing	4/16/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # DCIC-WC-AR-08-01-R

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

On behalf of DaimlerChrysler Insurance Company ("the Company") we are submitting a rate filing for workers compensation in your state. The rates for the Company are based on the latest approved National Council on Compensation Insurance, Inc. (NCCI) loss costs contained in the Arkansas Item # AR-2007-10. As a member of NCCI, the Company has elected to utilize the rules, supplementary rating information, and rating values in the basic manual of the NCCI.

The Company proposes to implement this filing for all policies effective on or after May 1, 2008.

The rate level impact of this filing is +1.8%. The premium level impact, however, is 0.0% as the Company does not have any policies in force in the state. The Company continues to write this line only for the DaimlerChrysler Marketing Investment Division. None of the company owned dealers are located in Arkansas. This filing is being submitted at the directive of Company Management.

Included is the Company's proposed schedule rating plan

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 102544
Amount: \$100

Calculated as \$100 for RSO Rates/Rules Adoption.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

© 2007 National Association of Insurance Commissioners

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		DCIC-WC-AR-08-02-R				
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)		N/A				
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)							
3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		Prior Approval				
4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
DaimlerChrysler Insurance Co.	1.8	1.8	0	0	0	0	0
4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Overall Rate Information (Complete for Multiple Company Filings only)							
					COMPANY USE	STATE USE	
5a.	Overall percentage rate indication (when applicable)						
5b.	Overall percentage rate impact for this filing						
5c.	Effect of Rate Filing – Written premium change for this program						
5d.	Effect of Rate Filing – Number of policyholders affected						
6.	Overall percentage of last rate revision				0%		
7.	Effective Date of last rate revision				7/22/2008		
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)				Prior Approval		
9.	Rule # or Page # Submitted for Review		Replacement or Withdrawn?			Previous state filing number, if required by state	
01	Schedule Rating Plan		<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			AR-PC-07-025216	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn				
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn				

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	DCIC-WC-AR-08-02-R
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	Not applicable

- ☒ **Loss Cost Reference Filing** _____ ☐ **Independent Rate Filing**
 (Advisory Org, & Reference filing #) NCCI Arkansas Item # AR-2007-10

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Yes
If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (Check One)

- ☒ Without Modification (factor = 1.000)
☐ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.00

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.
(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	3.3	%
B.	General Expense	6.0	%
C.	Taxes, Licenses & Fee	5.9	%
D.	Underwriting profit & contingencies*	0.0	%
E.	Other (explain)		%
F.	Total	15.2	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	84.9
B.	ELR in Decimal Form =	0.849

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.00
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	1.00
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.18
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.18

Yes No

10. Are you amending your minimum premium formula?

☐ ☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐ ☒

If yes, attach schedules and support, detailing premium or rate level changes.

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	DCIC-WC-AR-08-02-R
----	---	--------------------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	National Council on Compensation Insurance (NCCI) Item AR-2007-10
----	---	--

	Company Name	Company NAIC Number
3.	A. DaimlerChrysler Insurance Company	B. 10499

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. 16.0 Workers Compensation	B. 16.0004 Standard WC

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensaton	1.80%	1.80%	0.849	1.00	1.18	n/a	1.28
TOTAL OVERALL EFFECT	0.018	0.018					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	0			0	0	0	165%
2003	0			0	0	0	132%
2004	0			0	0	0	73%
2005	0			0	0	0	295%
2006	0	8/1/2006		0	0	0	-154%
2007	0			0	0	0	

7.

Expense Constants	Selected Provisions
A. Total Production Expense	3.3
B. General Expense	6
C. Taxes, License & Fees	5.9
D. Underwriting Profit & Contingencies	0.0
E. Other (explain)	
F. TOTAL	15.1

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

PC RLC

DaimlerChrysler Insurance Company
Workers Compensation - Arkansas

Index of Exhibits

- Exhibit R1: Projected After-Tax Rate of Return
- Exhibit R2: Estimated Investment Earnings on Policyholder Supplied Funds
- Exhibit R3: Premium to Surplus Ratio
- Exhibit R4: Derivation of After-Tax Target Rate of Return of Statutory Surplus
- Exhibit R5: Projected Expense Ratios
- Exhibit R6: Derivation of Loss Cost Multiplier

DaimlerChrysler Insurance Company
Workers Compensation - Arkansas

Projected After-Tax Rate of Return

Operating Return

(1) Earned Premium	100.0%
(2) Expected Loss & Loss Adjustment Expenses	84.9%
(3) Commission & Brokerage Fees (Exhibit R5)	1.3%
(4) General & Other Acquisition Expenses (Exhibit R5)	8.0%
(5) Taxes, Licenses & Fees (Exhibit R5)	5.9%
(6) Underwriting Profit Before Federal Income Tax (1) - (2) - (3) - (4) - (5)	0.0%
(7) Federal Income Tax on Underwriting Profit = (6) x 35%	0.0%
(8) Underwriting Profit After Federal Income Tax = (6) - (7)	0.0%
(9) After-Tax Inv. Income on Policyholder Supplied Funds (Exhibit R2.1)	5.8%
(10) After-Tax Return from Insurance Operations = (8) + (9)	5.8%

Total Rate of Return

(11) Premium to Surplus Ratio (Exhibit R3)	1.25:1
(12) After-Tax Investment Income on a Dollar of Surplus (Exhibit R2.3)	4.4%
(13) Total After-Tax Rate of Return on Statutory Surplus = (10)x(11)+(12)	11.7%

DaimlerChrysler Insurance Company
Workers Compensation - Arkansas

Estimated Investment Earnings on Policyholder Supplied Funds
(\$000)

(A) Unearned Premium Reserve	
(1) Earned Premium	1,531
(2) Mean Unearned Premium Reserve	346
(3) Percentage Pre-Paid Expense	11.1%
(a) Commission and Brokerage Fees (Exhibit R5)	1.3%
(b) 50% General & Other Acq. Expenses (Exhibit R5)	4.0%
(c) Taxes, Licenses & Fees (Exhibit R5)	5.9%
(4) Deduction for Federal Income Taxes Payable	7.0%
(5) Total Prepaid Expense = (A.2) x [(A.3) + (A.4)]	63
(6) Portion Subject to Investment Income = (A.2) - (A.5)	283
(B) Delayed Remission of Premiums	
(1) Average Agents' Balance as % of Premium	11.0%
(2) Total Delayed Remission = (A.1) x (B.1)	169
(C) Loss & LAE Reserve	
(1) Expected Loss & LAE Ratio (Exhibit R1)	84.9%
(2) Expected Loss & LAE = (A.1) x (C.1)	1,299
(3) Reserve to Incurred Ratio	147.2%
(4) Expected Loss & LAE Reserves = (C.2) x (C.3)	1,912
(D) Policyholder Funds Subject to Investment Income = (A.6)-(B.2)+(C.4)	2,027
(E) 2006 After Tax Rate of Return	4.4%
(F) Investment Earnings on Policyholder Supplied Funds = (D) x (E)	89
(G) After-Tax Investment Income on Policyholder Supplied Funds = (F)/(A.1)	5.8%

DaimlerChrysler Insurance Company
Workers Compensation - Arkansas

Source Notes for Exhibit R2.1
(\$000)

Line

(A.1)	Earned Premium	1,531
(A.2)	Mean Unearned Premium Reserve 50% of (A.1)	346
(A.4)	The Tax Reform Act of 1986 taxes 20% of the unearned premium reserve. At a corporate rate of 35%, this tax equals 7% (=20% x 35%).	
(B.1)	Selected Agents' Balances	11.0%
	Company - Calendar Year 2006 Workers' Compensation Agents' Balances	11.0%
	Company - Calendar Year 2005 Workers' Compensation Agents' Balances	11.1%
	2005, 2006 IEEs, Part III, Line(s) 16, Column 22	
(C.3)	(1) CY 2006 Company - Countrywide Workers' Compensation Unpaid Loss & LAE 2006 IEE, Part III, Line(s) 16, Columns 13, 15, 17	2,801
	(2) CY 2005 Company - Countrywide Workers' Compensation Unpaid Loss & LAE 2005 IEE, Part III, Line(s) 16, Columns 13, 15, 17	5,651
	(3) Average Unpaid Loss & LAE = [(1)+(2)]/2	4,226
	(4) CY 2006 Company - Countrywide Workers' Compensation Incurred Loss & LAE 2006 IEE, Part III, Line(s) 16, Columns 7, 9, 11	(1,994)
	(5) Reserve to Incurred Ratio = (3) / (4)	-211.9%
	Prior Year's Reserve to Incurred Ratio	147.2%
	(6) Adjustment for Claims Made Coverage	100.0%
	(7) Selected Reserve to Incurred Ratio	147.2%

Notes:

Figures are from Company 2006 Insurance Expense Exhibit

DaimlerChrysler Insurance Company
Workers Compensation - Arkansas

Source Notes for Exhibit R2.1 (Continued)

Line E

LINE E

Investment Category	2006 Investment Income Earned	Tax Rate	After-Tax Portion	2006 After-Tax Investment Income
Taxable Bonds	8,063,634	35.00%	65.00%	5,241,362
Non-Taxable Bonds	0	5.25%	94.75%	0
Preferred Stocks	1,461,149	35.00%	65.00%	949,747
Common Stocks	562	35.00%	65.00%	365
Common Stocks in Affiliates	2,000,000	14.18%	85.83%	1,716,500
Cash	684,947	35.00%	65.00%	445,216
All Other Investments	4,482,752	35.00%	65.00%	2,913,789
Total	16,693,044			11,266,979
Total Investment Expense	1,936,516	35.00%	65.00%	1,258,735
Net Investment Income Earned	14,756,528			10,008,243
Invested Assets as of 12/31/2005				350,660,620
2006 Annual Statement, Page 2, Line 10, Column 4				
Invested Assets as of 12/31/2006				316,192,466
2006 Annual Statement, Page 2, Line 10, Column 3				
Average Invested Assets				333,426,543

Calendar Year	Beginning Invested Assets	Ending Invested Assets	Average Invested Assets	Net Realized Capital Gains	Net Realized Capital Gains Ratio
2004	360,044,864	341,281,010	350,662,937	9,270,719	2.6%
2005	341,281,010	350,660,620	345,970,815	8,420,014	2.4%
2006	350,660,620	316,192,466	333,426,543	4,213,200	1.3%
Total	1,051,986,494	1,008,134,096	1,030,060,295	21,903,933	2.1%
Tax Rate on Realized Capital Gains					35.0%
After-Tax Realized Capital Gains					1.4%
After-Tax Rate of Return					3.0%
After-Tax Total Rate of Return					4.4%

Notes:

Figures are from Company 2006 Annual Statement

DaimlerChrysler Insurance Company
Workers Compensation - Arkansas

Premium to Surplus Ratio
(\$000)

	Calendar Year 2005	Calendar Year 2006
(1) Beginning Surplus As Regards Policyholders Annual Statement, Page 3, Line 35, Column 2	202,476	190,019
(2) Ending Surplus As Regards Policyholders Annual Statement, Page 3, Line 35, Column 1	190,019	184,645
(3) Average Surplus Level = [(1)+(2)]/2	196,248	187,332
(4) Net Written Premiums IEE, Part II, Line 34, Column 1	110,761	80,819
(5) Net Premium to Surplus Ratio = (4) / (3)	0.56	0.43
(6) Selected Premium to Surplus Ratio		1.25

Notes:

Premium and Surplus figures from Company 2006 and 2005 Annual Statements

DaimlerChrysler Insurance Company

Workers Compensation - Arkansas

Derivation of After-Tax Target Rate of Return of Statutory Surplus
(\$000)

After Tax Rate of Return on Net Worth

	(1)	(2)	(3) =[(1)+(2)]/2
Year	Property/ Casualty	Industry Total	Average
1995	8.8%	14.0%	11.4%
1996	9.0%	14.1%	11.6%
1997	11.4%	13.9%	12.7%
1998	9.2%	13.4%	11.3%
1999	6.5%	15.2%	10.9%
2000	6.6%	14.6%	10.6%
2001	0.3%	10.4%	5.4%
2002	1.7%	10.2%	6.0%
2003	8.2%	12.6%	10.4%
2004	8.1%	13.9%	11.0%
1995-2004	7.0%	13.2%	10.1%
Avg x-2001/2	8.5%	14.0%	11.2%

(4)	Selected After-Tax Return on GAAP Equity	11.2%
(5)	2006 Statutory Surplus	184,645
(6)	2006 Net Unearned Premium Reserve	36,358
(7)	GAAP Equity in Unearned Premium Reserve	2,595
(8)	2006 GAAP Equity = (5) + (7)	187,240
(9)	GAAP to Statutory Adjustment Factor = (8) / (5)	1.01
(10)	Target After-Tax Return on Stat. Surplus = (4) x (9)	11.3%

Notes:

(1), (2) from 2004 NAIC Profitability Analysis

(4) excludes 2001 and 2002 because September 11th cause them to be outliers.

(5) from Company 2006 Annual Statement, Page 3, Line 35, Column 1

(6) from Company 2006 Insurance Expense Exhibit, Line 34, Column 19

(7) = (6) x Company Average Commissions and Other Acquisition Costs

DaimlerChrysler Insurance Company

Workers Compensation - Arkansas

Projected Expense Ratios

	Company						3 Year Average	Selected
	2004		2005		2006			
Direct Basis	(\$000)	%	(\$000)	%	(\$000)	%	%	%
Premiums Written	919		984		1,673			
Premiums Earned	868		1,040		1,531			
Commission	-	0.0%	13	1.3%	49	2.9%	1.4%	1.3%
Other Acquisition	14	1.6%	14	1.3%	46	3.0%	2.0%	2.0%
General Expenses	35	4.0%	35	3.4%	168	11.0%	6.1%	6.0%
Taxes, Licenses, Fees	25	2.7%	35	3.6%	41	2.5%	2.9%	5.9%
Total Expenses		8.4%		9.6%		19.4%	12.4%	15.1%
Profit Load								0.0%
Total Expenses & Profit								15.1%
Permissible Loss & LAE Ratio								84.9%

Notes:

Expense figures are from Company 2004, 2005 and 2006 Insurance Expense Exhibits, Line 16 - Workers' Compensation.

Commissions and Taxes shown as a percent of written premium.

Other Acquisition & General Expense shown as a percent of earned premium.

Support for the selected profit provision is included in Exhibit R1.

**DAIMLERCHRYSLER INSURANCE COMPANY
WORKERS COMPENSATION**

ARKANSAS

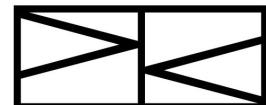
FILING MEMORANDUM

On behalf of DaimlerChrysler Insurance Company ("the Company") we are submitting a rate filing for workers compensation in your state. The rates for the Company are based on the latest approved National Council on Compensation Insurance, Inc. (NCCI) loss costs contained in the Arkansas Item # AR-2007-10. As a member of NCCI, the Company has elected to utilize the rules, supplementary rating information, and rating values in the basic manual of the NCCI.

The Company proposes to implement this filing for all policies effective on or after May 1, 2008.

The rate level impact of this filing is +1.8%. The premium level impact, however, is 0.0% as the Company does not have any policies in force in the state. The Company continues to write this line only for the DaimlerChrysler Marketing Investment Division. None of the company owned dealers are located in Arkansas. This filing is being submitted at the directive of Company Management.

Included is the Company's proposed schedule rating plan.



DAIMLERCHRYSLER

DaimlerChrysler
Insurance Company

March 20, 2007

To Whom It May Concern:

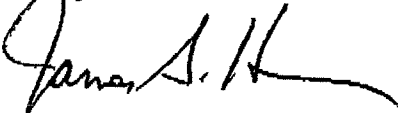
Perr & Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of DaimlerChrysler Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. The authorization is deemed to be in effect until December 31, 2008.

Please direct all correspondence and inquiries related to this filing to Perr & Knight, Inc. at the following address:

State Filings Department
Perr & Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272

Please contact me at 248-427-4223 if you have any questions regarding this authorization.

Sincerely,



James S. Haan
Vice President & General Manager
DaimlerChrysler Insurance Company

Company

A member of the DaimlerChrysler Services Group

DaimlerChrysler Insurance
27777 Inkster Road
Farmington Hills, MI 48334-5326
www.dcxins.com